

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019250

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		4		/		/
6		4		/		/
7		4		/		/
8		0		/		/
9		0		/		/
10		0		/		/
11		0		/		/
12		0		/		/
13	/		/		/	
14		1		/		/
15		2		/		/
16		0		/		/
17		0		/		/
18		0		/		/
19		2		/		/
20		0		/		/
21		0		/		/
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	37	↔	26	↔	26	↔
TOTAL CLAIMS	39		28		28	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS